

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number
Effective October 1, 2004					09/866,502
CLAIMS AS FILED - PART I					
(Column 1)		(Column 2)			
FOR	NUMBER FILED	NUMBER EXTRA			SMALL ENTITY TYPE <input type="checkbox"/>
BASIC FEE					OR OTHER THAN SMALL ENTITY <input type="checkbox"/>
TOTAL CLAIMS	36	minus 20 =	16		RATE <input type="checkbox"/> FEE <input type="checkbox"/>
INDEPENDENT CLAIMS	4	minus 3 =	1		x\$11= <input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT					x41= <input type="checkbox"/>
					+135= <input type="checkbox"/>
					TOTAL <input type="checkbox"/>
* If the difference in column 1 is less than zero, enter "0" in column 2					OR TOTAL <input type="checkbox"/>
1-23-06 CLAIMS AS AMENDED - PART II					OTHER THAN SMALL ENTITY <input type="checkbox"/>
(Column 1)		(Column 2)			(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY RATE <input type="checkbox"/> ADDI- TIONAL FEE <input type="checkbox"/>
Total	36	Minus	** 36	= 0	OR RATE <input type="checkbox"/> ADDI- TIONAL FEE <input type="checkbox"/>
Independent	4	Minus	*** 4	= 0	x\$11= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					x41= <input type="checkbox"/>
					+135= <input type="checkbox"/>
					TOTAL ADDIT. FEE <input type="checkbox"/>
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE <input type="checkbox"/>
Total	41	Minus	** 36	= 5	ADDITIONAL FEE <input type="checkbox"/>
Independent	5	Minus	*** 4	= 1	x\$11= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					x41= <input type="checkbox"/>
					+135= <input type="checkbox"/>
					TOTAL ADDIT. FEE <input type="checkbox"/>
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE <input type="checkbox"/>
Total	*	Minus	**	=	ADDITIONAL FEE <input type="checkbox"/>
Independent	*	Minus	***	=	x\$11= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					x41= <input type="checkbox"/>
					+135= <input type="checkbox"/>
					TOTAL ADDIT. FEE <input type="checkbox"/>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					ADDITIONAL FEE <input type="checkbox"/>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."					ADDITIONAL FEE <input type="checkbox"/>
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."					ADDITIONAL FEE <input type="checkbox"/>
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					ADDITIONAL FEE <input type="checkbox"/>